

## POLITICAL ACTION COMMITTEE OR LEGISLATIVE CAUCUS COMMITTEE STATEMENT OF ORGANIZATION

State Form 28251 (R8/11-05) Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

## PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE

|                                                                                                                                                                                                                                                                                      |                                                                 |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | FILE NUMBER                                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--|
| 1. IS THIS AN AMENDMENT? ☐ No ☐ Yes If Ye                                                                                                                                                                                                                                            |                                                                 |                                    | Company of the Compan | No. 3 10 C                                   |  |
| SECTION A. COMMITTEE INFORMATION: F                                                                                                                                                                                                                                                  | ill in all applicab                                             | ole boxes as full                  | v and acc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | urately as possible                          |  |
| WASHINGTON TWP. 60                                                                                                                                                                                                                                                                   | P CWB                                                           | PAC                                | 3. Acronym                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | or Abbreviated Name (if any)                 |  |
| 4. Mailing Address (Address where all campaign finance correspondence 4546 Sylvan                                                                                                                                                                                                    | Road                                                            | if this is a new address           | 5. E-mail Add                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | dress (Optional)                             |  |
| Adols. State ZIP Code 7. FAX (Option)                                                                                                                                                                                                                                                |                                                                 | 8. Telephone                       | Q.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 9. Committee Organization Date<br>(MM-DD-YY) |  |
| 10. Is this committee registered with the Federal Election Committee? $\ \square$                                                                                                                                                                                                    |                                                                 |                                    | e Caucus Comn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nittee" under IC 3-5-2-27.37 Yes No          |  |
| 12. State the purpose of the committee and on which issues t                                                                                                                                                                                                                         | oot and                                                         | Promote                            | i Re                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | publican Candia                              |  |
| <ol> <li>Name and address of any connected, affiliated, sponsoring organization<br/>group, or individual.</li> </ol>                                                                                                                                                                 |                                                                 |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | entire ticket? Yes No                        |  |
|                                                                                                                                                                                                                                                                                      | Check par                                                       | ty affiliation if applicable:<br>r | ☐ Democra                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | atic Libertarian Republican                  |  |
| 15. If supporting or opposing a public question, state both the                                                                                                                                                                                                                      | e subject of the questi                                         | on AND the committe                | e position.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |  |
|                                                                                                                                                                                                                                                                                      |                                                                 |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |  |
| 16. Chairperson's Name                                                                                                                                                                                                                                                               | 1                                                               | 17. E-mail Ad                      | dress (Option                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | nal)                                         |  |
| _ tizabeth M. Kavlson                                                                                                                                                                                                                                                                | 7                                                               |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 902E.                                        |  |
| 18. Mailing Address Check if this is a new address                                                                                                                                                                                                                                   | 11/2/                                                           | 23                                 | 19. Telephone (Day) 20. Telephone (Evening)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                              |  |
| 1138 Stockton St.                                                                                                                                                                                                                                                                    | 4626                                                            | 0 (317)0                           | (317) 259-7399                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                              |  |
| 21. Treasurer's Name Check if this is a new treasurer                                                                                                                                                                                                                                |                                                                 | 22. E-mail Ad                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 110                                          |  |
| Gregory N. Jordan                                                                                                                                                                                                                                                                    | 7                                                               |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |  |
| 23. Mailing Address D Check if this is a new address                                                                                                                                                                                                                                 | Rd. 462                                                         | 77 (7)                             | 24. Telephone (Day) 25. Telephone (Even) 317 291 - 9824                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |  |
| 26. Custodian of Records' Name                                                                                                                                                                                                                                                       | stodian                                                         | 27. E-mail Add                     | iress (Option                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | al)                                          |  |
| Torgovy N. Jorda                                                                                                                                                                                                                                                                     | ant                                                             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |  |
| 28. Mailing Address                                                                                                                                                                                                                                                                  |                                                                 | 29. Telephone                      | (Day)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 30. Telephone (Evening)                      |  |
| 5                                                                                                                                                                                                                                                                                    |                                                                 | ( )                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ( )                                          |  |
| 31. Bank or Other Depositories (List all banks or other depositories                                                                                                                                                                                                                 | in which the committee of                                       | deposits funds, holds acc          | ounts, rents se                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | afety deposit boxes or maintains funds.)     |  |
| tith I hird Dank                                                                                                                                                                                                                                                                     |                                                                 |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | and a                                        |  |
| SECTION B. APPOINTMENT OF TREASURER                                                                                                                                                                                                                                                  |                                                                 |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |  |
|                                                                                                                                                                                                                                                                                      | Appointed Treasurer                                             |                                    | Signature of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | of the Committee Chairperson                 |  |
| appoint the following person as Treasurer of the Committee.                                                                                                                                                                                                                          | overon N                                                        | Tordan                             | 60                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Att on n                                     |  |
| SECTION C. ACCEPTANCE OF APPOINTMEN                                                                                                                                                                                                                                                  | NT (IC 3-9-1-15)                                                |                                    | IN.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                              |  |
| 33. I give notice that I accept the duties and responsibilities<br>am not the chairperson of any other campaign finance co                                                                                                                                                           | s of Treasurer of this                                          | Committee.                         | WE TO THE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | FOR OFFICE USE ONLY                          |  |
| 4. Typed or Printed Name of Treasurer Signature of T                                                                                                                                                                                                                                 |                                                                 | Date (MM-D                         | 0-73                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3                                            |  |
| Gregory of Jordan                                                                                                                                                                                                                                                                    | DR                                                              |                                    | -08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Elgaboth of White                            |  |
| SECTION D. CERTIFICATION OF STATEMENT                                                                                                                                                                                                                                                |                                                                 |                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 200                                          |  |
| certify that I am the duly appointed Chairperson of the Co<br>o the best of my knowledge and belief it is true, correct ar                                                                                                                                                           | mmittee and have ex                                             | amined this stateme                | ent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | SEP 2 6 2008                                 |  |
| 5. Typed or Printed Name of Chairperson Signature of C                                                                                                                                                                                                                               |                                                                 | Date (MM-DI                        | 3-YY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                              |  |
| Elizabeth M. Karlson Eller                                                                                                                                                                                                                                                           | ma                                                              | 9-23.                              | 08                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | FILED                                        |  |
| Varning: Any information contained in this statement may not be capted for sequires that any change in this information must be reported within 10 days of the port commits a Class D felony. (IC 3.14-1-13) A person who fails to file a contained in the commits a Class D felony. | he change. (IC 3-9-1-10) A per<br>complete or accurate report a | erson who knowingly files a        | fraudulent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              |  |
| nance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to                                                                                                                                                                                                         | to civil penalties. (IC 3-9-4-1)                                | 8. IC 3-9-4-17, and IC 3-9-4       | .18)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              |  |